

The EDA reauthorization adds new economic development tools, and it responds to communities subject to base closings and defense cutbacks.

The bill also recognizes and builds upon the ARC, a well-known, highly successful model for Federal-state cooperation.

Because of the foresight of the Transportation & Infrastructure Committee, and with the strong support of the senior Senator from West Virginia, ROBERT C. BYRD, the ARC's Appalachian Development Highway is now funded from the Highway Trust Fund as authorized under TEA21. Carving the development highway out of the ARC has reduced authorized funding by \$100 million a year, to \$67 million in FY99 and—as newly configured—permits better targeting of ARC funds to truly distressed regions within the 13 State, 400 county region.

Mr. Speaker despite being unauthorized since 1982, both the EDA and the ARC have continued to receive strong bipartisan support for continued funding over the years, but it wasn't always easy. I think it appropriate to thank the House Appropriations Committee leaders from both sides of the aisle over the past 17 years, for keeping hope alive for the ARC and the EDA.

I can think of hundreds of ARC projects that have helped West Virginia—but one that comes to mind is the Gardner Interchange and Industrial Park Water and Sewer Improvements. This project in Mercer county helped retain and create more than 768 jobs in an area struggling against economic decline and severe stress. And as I said, it is only one of many projects funded by the ARC to help the people of Appalachia continue to grow and to realize their full potential.

The Economic Development Administration—the EDA—has undergone significant downsizing over these 17 years—but the downsizing has strengthened rather than weakened it, improving its efficiency. This reauthorization today will give EDA the stability it lacked over these many years. Now it can move forward in response to the changing needs of America's distressed communities, and it can do so with confidence.

I applaud today's vote on the reauthorization of the EDA and the ARC, and can think of no more fitting way to continue the many economic benefits of these two vital programs than to carry them forward, into the 21st Century.

I urge my colleagues to vote in favor of this legislation.

Mr. SHUSTER. Mr. Speaker, I yield back the balance of my time.

Mr. OBERSTAR. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. SHUSTER) that the House suspend the rules and pass the Senate bill, S. 2364.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SHUSTER. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 2364, the bill just passed.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF 1998

Mr. BLILEY. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1754) to amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes, as amended.

The Clerk read as follows:

S. 1754

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Health Professions Education Partnerships Act of 1998".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

Sec. 101. Under-represented minority health professions grant program.

Sec. 102. Training in primary care medicine and dentistry.

Sec. 103. Interdisciplinary, community-based linkages.

Sec. 104. Health professions workforce information and analysis.

Sec. 105. Public health workforce development.

Sec. 106. General provisions.

Sec. 107. Preference in certain programs.

Sec. 108. Definitions.

Sec. 109. Technical amendment on National Health Service Corps.

Sec. 110. Savings provision.

Subtitle B—Nursing Workforce Development

Sec. 121. Short title.

Sec. 122. Purpose.

Sec. 123. Amendments to Public Health Service Act.

Sec. 124. Savings provision.

Subtitle C—Financial Assistance

CHAPTER 1—SCHOOL-BASED REVOLVING LOAN FUNDS

Sec. 131. Primary care loan program.

Sec. 132. Loans for disadvantaged students.

Sec. 133. Student loans regarding schools of nursing.

Sec. 134. General provisions.

CHAPTER 2—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

Sec. 141. Health Education Assistance Loan Program.

Sec. 142. HEAL lender and holder performance standards.

Sec. 143. Insurance Program.

Sec. 144. HEAL bankruptcy.

Sec. 145. HEAL refinancing.

TITLE II—OFFICE OF MINORITY HEALTH

Sec. 201. Revision and extension of programs of Office of Minority Health.

TITLE III—SELECTED INITIATIVES

Sec. 301. State offices of rural health.

Sec. 302. Demonstration projects regarding Alzheimer's Disease.

Sec. 303. Project grants for immunization services.

TITLE IV—MISCELLANEOUS PROVISIONS

Sec. 401. Technical corrections regarding Public Law 103-183.

Sec. 402. Miscellaneous amendments regarding PHS commissioned officers.

Sec. 403. Clinical traineeships.

Sec. 404. Project grants for screenings, referrals, and education regarding lead poisoning.

Sec. 405. Project grants for preventive health services regarding tuberculosis.

Sec. 406. CDC loan repayment program.

Sec. 407. Community programs on domestic violence.

Sec. 408. State loan repayment program.

Sec. 409. Authority of the director of NIH.

Sec. 410. Raise in maximum level of loan repayments.

Sec. 411. Construction of regional centers for research on primates.

Sec. 412. Peer review.

Sec. 413. Funding for trauma care.

Sec. 414. Health information and health promotion.

Sec. 415. Emergency medical services for children.

Sec. 416. Administration of certain requirements.

Sec. 417. Aids drug assistance program.

Sec. 418. National Foundation for Biomedical Research.

Sec. 419. Fetal Alcohol Syndrome prevention and services.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

SEC. 101. UNDER-REPRESENTED MINORITY HEALTH PROFESSIONS GRANT PROGRAM.

(a) IN GENERAL.—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended to read as follows:

"PART B—HEALTH PROFESSIONS TRAINING FOR DIVERSITY

"SEC. 736. CENTERS OF EXCELLENCE.

"(a) IN GENERAL.—The Secretary shall make grants to, and enter into contracts with, designated health professions schools described in subsection (c), and other public and nonprofit health or educational entities, for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals.

"(b) REQUIRED USE OF FUNDS.—The Secretary may not make a grant under subsection (a) unless the designated health professions school involved agrees, subject to subsection (c)(1)(C), to expend the grant—

"(1) to develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;

"(2) to establish, strengthen, or expand programs to enhance the academic performance of under-represented minority students attending the school;

"(3) to improve the capacity of such school to train, recruit, and retain under-represented minority faculty including the payment of such stipends and fellowships as the Secretary may determine appropriate;

"(4) to carry out activities to improve the information resources, clinical education, curricula and cultural competence of the